



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03/31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input checked="" type="checkbox"/> 10/01-12/31
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Date of Test 12 / 15 / 2016

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

@ 10:25 a.m. Water Shut down,
test performed; @ 10:35 a.m.
water turned back on.

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
 Syncon Resins Treatment Plant / Facility
 77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations: 1.4 2nd Check Diff

Location of Valve

Water Meter House
 Syncon Resins Site
 77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
Calibration Date 06/02/2016	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.3</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>3.1</u> psid	Opened at <u>3.0</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>		Did Not Open <input type="checkbox"/>		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Certified Testers Name: Michael V. Prisco Jr.

Certified Testers Signature: [Signature]

Certifying Authority: New England Water Works Association

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2018

Tester Phone No: (973) 628-8260

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input checked="" type="checkbox"/> 01/01-03-31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
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Date of Test 03 / 16 / 2017

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve
Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.Serial Number: N0A04090548

Comments and Notations: _____

-2nd Check-Valve Differential Pressure Test = 1.5 PSID.

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS		
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY		
	DOUBLE CHECK VALVE		Relief Valve	1 st Check	2 nd Check	
1 st Check	2 nd Check					
Calibration Date 06/02/2016	Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.7</u> psid Leaked <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> at <u>4.5</u> psid Leaked <input type="checkbox"/>	Opened at <u>3.0</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>		No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	By-pass Used <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>						
Repairs & Materials Used						
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Witnesses to test and inspection

Certified Testers Name: Ian Ashenden

Name: _____ Title: _____

Certified Testers Signature: [Signature]

Representing: _____

Certifying Authority: New England Water Works Association

Name: _____ Title: _____

Cert. ID #: 9525Exp. Date: 12 / 31 / 2019

Representing: _____

Tester Phone No: (973) 628-8260



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03-31	2 nd Quarter <input checked="" type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
--	---	---	--

Date of Test 6 / 22 / 2017

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations: _____
-2ND Check-Differential Pressure Test = 1.2 PSID.

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS		
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY		
	DOUBLE CHECK VALVE		Relief Valve	1 st Check	2 nd Check	
1 st Check	2 nd Check					
Calibration Date 06/12/2017	Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.4</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>3.2</u> psid	Opened at <u>2.8</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
	Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
	Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> By-pass Used <input type="checkbox"/>				
Repairs & Materials Used						
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>	

The Results Shown Above are Certified to be True

Witnesses to test and inspection

Certified Testers Name: Michael V. Prisco Jr.

Name: _____ Title: _____

Certified Testers Signature: [Signature]

Representing: _____

Certifying Authority: New England Water Works Association

Name: _____ Title: _____

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2018

Representing: _____

Tester Phone No: (973) 628-8260



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03-31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input checked="" type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
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Date of Test 09 / 11 / 2017

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations: _____

-2nd Check-Valve Differential Pressure Test = 1.3 PSID.

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE		Relief Valve	1 st Check	2 nd Check
1 st Check	2 nd Check				
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.9</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>5.0</u> psid	Opened at <u>2.8</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> By-pass Used <input type="checkbox"/>				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Certified Testers Name: Michael V. Prieto Jr.

Certified Testers Signature: [Signature]

Certifying Authority: New England Water Works Association

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2018

Tester Phone No: (973) 628-8260

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____

Renewal Application Form
CERTIFIED TESTERS CERTIFICATION

Physical Connection Permit No.: 0973-WPC170001

First Quarter January 1st to March 31st

☐ Not tested, facility not in operation during this Quarter

Date of Test 03/16/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device Passed Inspection.

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035

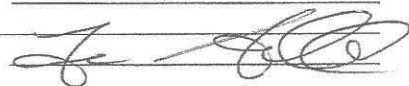
Testers Name(s): Ian Ashenden

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: # 0009525

Expires: 12/31/2019

Testers Signature: 

Second Quarter April 1st to June 30th

☐ Not tested, facility not in operation during this Quarter

Date of Test 06/22/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device Passed Inspection.

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035


Testers Name(s): Michael V. Prisco Jr.

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: # 0012753

Expires: 10/31/2018

Testers Signature: 

Third Quarter July 1st to Sept 30th

☐ Not tested, facility not in operation during this Quarter

Date of Test 09/11/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device passed inspection

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035


Testers Name(s): Michael V. Prisco Jr.

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: #0012753

Expires: 10/31/2018

Testers Signature: 

Fourth Quarter October 1st to December 31st

☐ Not tested, facility not in operation during this Quarter

Date of Test / / ☐ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments:

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035

Testers Name(s):

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.:

Expires:

Testers Signature:

Date of Internal Inspection / / ☐ Pass ☐ Fail Date Device Rebuilt or Replaced / / ☐ Rebuilt ☐ Replaced

Note: DCVA & DSCA are to be internally inspected within 6 months prior to submission of the application for renewal of a permit. When a device is rebuilt or replaced submit a quarterly test and maintenance report form to the Department with a test of that device.

Instructions: This Form BSDW-PCR-076 shall be submitted to the Bureau of Water System Engineering at the above address sixty days prior to expiry of permit with the \$200 Permit Renewal Fee. If fee paid directly to Division of Revenue then a copy of the invoice shall be enclosed.



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03-31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input checked="" type="checkbox"/> 10/01-12/31
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Date of Test 11 / 27 / 2017

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations:

2nd Check-valve differential pressure test = 1.1 PSID.

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # <u>201188</u>	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
Calibration Date <u>06/12/2017</u>	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.8</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>5.4</u> psid	Opened at <u>2.8</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> By-pass Used <input type="checkbox"/>		Did Not Open <input type="checkbox"/>		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Witnesses to test and inspection

Certified Testers Name: Ian Ashenden

Name: _____ Title: _____

Certified Testers Signature: [Signature]

Representing: _____

Certifying Authority: New England Water Works Association

Name: _____ Title: _____

Cert. ID #: 9525 Exp. Date: 12 / 31 / 2019

Representing: _____

Tester Phone No: (973) 628-8260

Renewal Application Form
CERTIFIED TESTERS CERTIFICATION

Physical Connection Permit No.: 0973-WPC170001

First Quarter January 1st to March 31st

☐ Not tested, facility not in operation during this Quarter

Date of Test 03/16/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device Passed Inspection.

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035

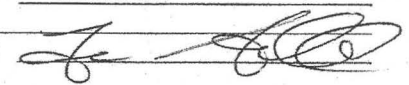
Testers Name(s): Ian Ashenden

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: # 0009525

Expires: 12/31/2019

Testers Signature: 

Second Quarter April 1st to June 30th

☐ Not tested, facility not in operation during this Quarter

Date of Test 06/22/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device Passed Inspection.

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035

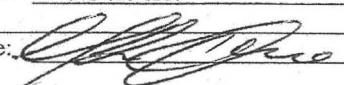
Testers Name(s): Michael V. Prisco Jr.

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: # 0012753

Expires: 10/31/2018

Testers Signature: 

Third Quarter July 1st to Sept 30th

☐ Not tested, facility not in operation during this Quarter

Date of Test 09/11/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device passed inspection

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035

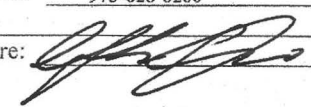
Testers Name(s): Michael V. Prisco Jr.

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: #0012753

Expires: 10/31/2018

Testers Signature: 

Fourth Quarter October 1st to December 31st

☐ Not tested, facility not in operation during this Quarter

Date of Test 11/27/2017 ☒ Pass ☐ Fail Date of repeat test if prior failure / / ☐ Pass ☐ Fail

Comments: Device passed inspection

I hereby certify that: The Backflow Prevention Device(s) listed on this form were functioning satisfactorily at the time of the test.

Name of Firm: Virtu Water Meter Services, Inc.

Address: 4 Beaver Brook Rd., PMB 148, Lincoln Park, NJ 07035


Testers Name(s): Ian Ashenden

Testers Phone No. 973-628-8260

Testers School: New England Water Works Association

Certified Testers No.: #9525

Expires: 12/31/2019

Testers Signature: 

Date of Internal Inspection / / ☐ Pass ☐ Fail Date Device Rebuilt or Replaced / / ☐ Rebuilt ☐ Replaced

Note: DCVA & DSCA are to be internally inspected within 6 months prior to submission of the application for renewal of a permit. When a device is rebuilt or replaced submit a quarterly test and maintenance report form to the Department with a test of that device.

Instructions: This Form BSDW-PCR-076 shall be submitted to the Bureau of Water System Engineering at the above address sixty days prior to expiry of permit with the \$200 Permit Renewal Fee. If fee paid directly to Division of Revenue then a copy of the invoice shall be enclosed.



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input checked="" type="checkbox"/> 01/01-03-31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
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Date of Test 03 / 02 / 2018

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVAModel Number: 825YD Size: 4" in.Serial Number: N0A04090548

Comments and Notations: _____

-2nd Check-Valve Differential Pressure Test = 1.3 PSID.

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS		
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY		
	DOUBLE CHECK VALVE		Relief Valve	1 st Check	2 nd Check	
1 st Check	2 nd Check					
Calibration Date 06/12/2017	Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>5.9</u> psid Leaked <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> at <u>4.4</u> psid Leaked <input type="checkbox"/>	Opened at <u>3.1</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>		No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	By-pass Used <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>						
Repairs & Materials Used						
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Witnesses to test and inspection

Certified Testers Name: Ian Ashenden

Name: _____ Title: _____

Certified Testers Signature:

Representing: _____

Certifying Authority: New England Water Works Association

Name: _____ Title: _____

Cert. ID #: 9525Exp. Date: 12 / 31 / 2019

Representing: _____

Tester Phone No: (973) 628-8260



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03-31	2 nd Quarter <input checked="" type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
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Date of Test 6 / 11 / 18

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations: 1-2

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # 201188	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
Calibration Date 06/12/2017	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>6.0</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>3.8</u> psid	Opened at <u>2.2</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	By-pass Used <input type="checkbox"/>			
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Witnesses to test and inspection

Certified Testers Name: Michael V. Prisco Jr. Name: _____ Title: _____

Certified Testers Signature: _____ Representing: _____

Certifying Authority: New England Water Works Association Name: _____ Title: _____

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2018 Representing: _____

Tester Phone No: (973) 628-8260



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03-31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input checked="" type="checkbox"/> 07/01-9/30	4 th Quarter <input type="checkbox"/> 10/01-12/31
--	--	--	--

Date of Test 9, 14, 2018

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve

Manufacturer: Febco ☒ RPZ ☐ DCVA

Model Number: 825YD Size: 4" in.

Serial Number: N0A04090548

Comments and Notations: 7-3

Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # <u>201188</u>	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE		Relief Valve	1 st Check	2 nd Check
1 st Check	2 nd Check				
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>6.4</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>5.2</u> psid	Opened at <u>3.0</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> By-pass Used <input type="checkbox"/>				
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be True

Certified Testers Name: Michael V. Prisco Jr.

Certified Testers Signature: [Signature]

Certifying Authority: New England Water Works Association

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2018

Tester Phone No: (973) 628-8260

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter <input type="checkbox"/> 01/01-03/31	2 nd Quarter <input type="checkbox"/> 04/01-06/30	3 rd Quarter <input type="checkbox"/> 07/01-9/30	4 th Quarter <input checked="" type="checkbox"/> 10/01-12/31
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Date of Test 10 / 26 / 2018

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility and be exhibited upon request, and are to be submitted with the Physical Connection Renewal Application.

To:

From: (Name of Permit Holder)

NJDEP Syncon Resins Site
Syncon Resins Treatment Plant / Facility
77 Jacobus Avenue, Kearny, NJ 07032

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of ValveManufacturer: Febco ☒ RPZ ☐ DCVAModel Number: 825YD Size: 4" in.Serial Number: N0A04090548

Comments and Notations: _____

-2nd Check-Valve Differential Pressure Test = 1.2 PSID.Location of Valve

Water Meter House
Syncon Resins Site
77 Jacobus Avenue, Kearny, NJ 07032

Test Kit Serial # <u>201188</u>	PRESSURE TEST			INTERNAL INSPECTIONS	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	DOUBLE CHECK VALVE				
Calibration Date <u>07/19/2018</u>	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight <input checked="" type="checkbox"/> at <u>6.4</u> psid	Closed Tight <input checked="" type="checkbox"/> at <u>5.2</u> psid	Opened at <u>3.2</u> psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>
Passed <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Failed <input type="checkbox"/>	Failed <input type="checkbox"/>
Failed <input type="checkbox"/>	No. 2 Shut-off Valve Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>		Did Not Open <input type="checkbox"/>		
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight <input type="checkbox"/> at _____ psid	Closed Tight <input type="checkbox"/> at _____ psid	Opened at _____ psid	OK <input type="checkbox"/>	OK <input type="checkbox"/>

The Results Shown Above are Certified to be TrueWitnesses to test and inspectionCertified Testers Name: Michael V. Prisco Jr.

Name: _____ Title: _____

Certified Testers Signature: _____

Representing: _____

Certifying Authority: New England Water Works Association

Name: _____ Title: _____

Cert. ID #: 12753 Exp. Date: 10 / 31 / 2021

Representing: _____

Tester Phone No: (973) 628-8260